### **CITY OF BIRMINGHAM**

#### NON-PROFIT APPLICATION FOR FUNDING

FY 2009-10



# Administered by

## **City of Birmingham City Council**

Application Due Date:

Friday, June 5, 2009

5:00 P.M.



#### City of Birmingham

Social Services Funding

#### APPLICATION AND GUIDELINES

General Information: The City of Birmingham budgets an amount of funds to pay for social services which are to benefit the citizens and the community of Birmingham. Eligible applicants are non-profit organization in good standing under the IRS codes or other governmental bodies with the authority to provide social services. The decision to approve an application will be made by the City Council and will be based upon the need for services, the expectation that the need can be reasonably address, consequences of not providing the services, the qualifications of the applicant organization, and the availability of funds. To receive funding for the City's 2009-2010 fiscal year (beginning June 30, 2009), applications must be submitted by the **deadline date** of Friday June 5, 2009.

**Instructions:** Application must be complete and contain original signatures. Complete all sections and attach required information.

| Applicant Information Legal name of organization: |                     |
|---|---------------------|
| Doğur name or organization.                       |                     |
| Non-Profit (501(c)(3)) Tax Identificat            | tion Number:        |
| Address:  |                     |
| Location/Street                                   | City                |
| Mailing   | City State Zip Code |
| Telephone Number: ()                              | Fax Number: ()      |
| E-Mail:   |                     |

| Name of Executive Director:   |  |  |
|---|--|--|
| Telephone Number: ()  | Fax Number: (  | )  |
| E-Mail:   |  |  |
| Name of Board Chair:  |  |  |
| Telephone Number: ()  | Fax Number: (  | )  |
| E-Mail:   |  |  |
| Primary Contact Person:   |  |  |
| Telephone Number: ()  | Fax Number: (  | )  |
| E-Mail:   |  |  |
| organization received funding in FY 2008-0 proposed services for the upcoming year ar   |  |  |
| 2. Amount requested in this application:  |  |  |
| 3. What is the total cost to provide these se   | rvices:  |  |
| 4. Describe the specific intended use of the  | funds requested by   | the agency.  |
| 5. Describe the agency's program. (Includ description of the program or service, servi how participants are identified or recruited, year. If the funding is being requested, despectively will enhance the agency's participation. | ce locations, hours<br># of Birmingham r<br>cribe how the item | of operation, fee structure, residents served in prior |

| 6. Has the agency been previously funded by the City of Birmingham? (if yes, for which fiscal years was this funding awarded?)  |
|---|
| 7. Has the agency been organized and operational for at least three years in the City? (if no, how long?)   |
| 8. Are you located in the City of Birmingham? (if no, where?)   |
| 9. How many total people from the City of Birmingham did this program serve from July 1, 2008 through June 30, 2009?  |
| 10. What sets this program apart from similar programs in the City of Birmingham?   |
|   |
| General Agency Information  11. Agency Mission or Purpose Statement:  |
| 12. Describe the fundraising activities of the agency.  |
| 13. What percentage of your budget will you be asking from the City of Birmingham? (Please attach a <b>full</b> detail of your fiscal budget) Please include the following in your budget for review:   |
| <ul> <li>Sources of Funds – Revenue (Donations, fundraising events, County funding, State Funding, Private Funding (don't disclose name), Program fees, grants, etc.)</li> <li>Uses of Funds – Expenses (Salaries, Office Expenses, Rent, Utilities, etc.)</li> </ul> |

| 14.   | List the key | agency    | staff involved | d with the | e program | or activi | ty for whic | ch funding | g is |
|-------|--------------|-----------|----------------|------------|-----------|-----------|-------------|------------|------|
| being | g requested. | (Indicate | those who a    | re to be j | paid from | City fund | ls.)        |            |      |

| Staff Name | Position | Board Office<br>(If any) | Term Ending |
|------------|----------|--------------------------|-------------|
|            |          |                          |             |
|            |          |                          |             |
|            |          |                          |             |

- 15. Describe any Agency financial/budgetary problems or debt within the last 3 years, if any.
- 16. Please fill of the "Transparency in City Government Disclosure Form" See Attached.